State of New Mexico Energy Minerals and Natural Resources

> Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

## NM OIL CONSERVATION

ARTESIA DISTRICT Form C-141 MAY 1 3 2015<sup>Revised August 8, 2011</sup> Submit I Copy to appropriate District Office in accordance with 19.15.29 NMAC.

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|  |              |                              | Rele                                      | ease Notific      | atio      | n and Co        | orrective A  | ction     |  |                       |               |              |  |
|--|--------------|------------------------------|---|-------------------|-----------|-----------------|--|-----------|--|-----------------------|---------------|--------------|--|
|  | _            |                              | <b>OPERAT</b>                             |                   |           | Initia          | l Report   | $\square$ | Final Report   |                       |               |              |  |
| Name of Company: BOPCO, L.P.                           |              |                              |   |                   |           |                 | ny Savoie  |           |  |                       |               |              |  |
| Address: 522 W. Mermod, Suite 704 Carlsbad, N.M. 88220 |              |                              |   |                   |           |                 | Telephone No. 575-887-7329   |           |  |                       |               |              |  |
| Facility Nar<br>#34H) FWk                              |              | ldy Unit DI-                 | Facility Type: Exploration and Production |                   |           |                 |  |           |  |                       |               |              |  |
| Surface Owner: State Mineral Owner:                    |              |                              |   |                   |           |                 | State and Federal API No. 30-015-4200                              |           |  |                       |               |              |  |
|  |              |                              |   |                   |           | N OF RELEASE    |  |           |  |                       |               |              |  |
| Unit Letter  | Section      | Township                     | Range                                     | Feet from the     |           | South Line      | Feet from the  | East/W    | Vest Line  | County:               |               |              |  |
| P P  |              |                              |   | inorui            |           |                 | Lusu west Eme  |           | Eddy   |                       |               |              |  |
| Latitude N 32.456585_Longitude_W 103.879241            |              |                              |   |                   |           |                 |  |           |  |                       |               |              |  |
| NATURE OF RELEASE                                      |              |                              |   |                   |           |                 |  |           |  |                       |               |              |  |
| Type of Release: Crude oil and produced water          |              |                              |   |                   |           |                 | Volume of Release: 40 bbls crude Volume Recovered: 3 bbls crude of |           |  |                       |               |              |  |
|  |              |                              |   |                   |           |                 | oil and 37 bbls produced water                                     |           |  | 2 bbls produced water |               |              |  |
| Source of Release: Heater-treater                      |              |                              |   |                   |           |                 | lour of Occurrence<br>unknown                                      | e:        | Date and Hour of Discovery: 2/9/15 a approx. 8:29 a.m. |                       |               | y: 2/9/15 at |  |
| Was Immediate Notice Given?                            |              |                              |   |                   |           |                 | If YES, To Whom?   |           |  |                       |               |              |  |
| Yes No Not Required                                    |              |                              |   |                   |           |                 |  |           |  |                       |               |              |  |
| By Whom? Tony Savoie                                   |              |                              |   |                   |           |                 | Date and Hour: 2/9/15 at 10:20 a.m.                                |           |  |                       |               |              |  |
| Was a Watercourse Reached?                             |              |                              |   |                   |           |                 | If YES, Volume Impacting the Watercourse.                          |           |  |                       |               |              |  |
| 🗌 Yes 🖾 No   |              |                              |   |                   |           |                 |  |           |  |                       |               |              |  |
| If a Watercou  | irse was Im  | pacted, Descr                | ibe Fully.*                               | <br>I             |           |                 |  |           |  |                       |               |              |  |
|  |              |                              |   |                   |           |                 |  |           |  |                       |               |              |  |
|  | ed on the fr | em and Reme<br>ee water knoc |   |                   | essel w   | as by-passed a  | and the gasket was   | s replace | d. All free  | standing f            | uid was       | s removed    |  |
| Describe Are   | a Affected   | and Cleanup                  | Action Tak                                | en.*              |           |                 |  |           |  |                       |               |              |  |
| The spill imp  | acted an ar  | ea that had jus              | st been bac                               | kfilled on a reme |           |                 | ence 2RP-2615. B   |           |  |                       |               |              |  |
|  |              |                              |   |                   |           |                 | tion requirements  |           |  |                       |               |              |  |
|  |              |                              |   |                   |           |                 | 3/6/15, following  |           |  |                       |               |              |  |
|  |              |                              |   | in Environmenta   |           |                 | / <b>J</b> 0   | , ,       |  |                       |               | ,            |  |
| L hereby certi   | fy that the  | information g                | iven ahove                                | is true and comp  | lete to t | the best of my  | knowledge and u  | Inderstan | d that nurs  | suant to NN           | <u>40CD</u>   | rules and    |  |
|  |              |                              |   |                   |           |                 | nd perform correct   |           |  |                       |               |              |  |
|  |              |                              |   |                   |           |                 | arked as "Final R  |           |  |                       |               |              |  |
|  |              |                              |   |                   |           |                 | ion that pose a thr  |           |  |                       |               |              |  |
|  |              |                              |   | tance of a C-141  | report o  | loes not reliev | e the operator of  | responsi  | bility for c   | ompliance             | with an       | iy other     |  |
| federal, state,  | or local lay | ws and/or regu               | ulations.                                 |                   |           |                 |  |           |  | DIVICI                |               |              |  |
| Signature: By Danie                                    |              |                              |   |                   |           |                 | OIL CONSERVATION DIVISION  |           |  |                       |               |              |  |
|  |              |                              |   |                   |           |                 | ,     /  |           |  |                       |               |              |  |
|  |              |                              |   |                   |           |                 | Approved by Environmental Specialist:                              |           |  |                       |               |              |  |
| Printed Name   | e: Tony Sav  | oie                          |   | <u> </u>          |           |                 | <u> </u>   |           | 112  | n l                   | $\frac{1}{2}$ |              |  |
| Title: Waste   | Managemer    | nt and Remed                 | Approval Da                               | te: 5/13/13       | Γ E       | Expiration      | Date: 1/   | <u>'A</u> |  |                       |               |              |  |
| E mail Adda  |              |                              | Conditions                                | ر ،<br>د          |           | 0               |  |           |  |                       |               |              |  |

Conditions of Approval:

 Date:
 5/13/15
 Phone: 432-556-8730

 \* Attach Additional Sheets If Necessary

E-mail Address: tasavoie@basspet.com

## 2RP-2810

Attached 🛛

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